



TWO YEAR APPLICATION

This application covers the period of:
June 1 – October 31, 2014 and
June 1 – October 31, 2015



FVV/FMNP/SFMNP – FARMER and FARMSTAND APPLICATION

Farmers' Market Nutrition Program
Division of Public Assistance/WIC
130 Seward Street, Room 508
Juneau, AK 99801 Phone: 465-3100

Your Farmer-Vendor Number assigned: _____
(first time applicants please leave number blank)
If approved, farmer will be required to sign an agreement.
A sign will be issued to indicate authorization.

Farm Name _____ Email _____

Owner's Name _____ Phone _____ Fax _____

Mailing Address _____ City/State _____ Zip _____

Physical Address (required if different) _____

Signature _____ Title _____ Date _____

Please list all Farmers' Markets or Farmstands where you plan to sell produce

You may use the back of the form to provide driving instructions.

Location of Market/Farmstand	Days/Dates/ Hours	Manager Name	Posters and Farmer- Vendor Manuals Needed
			# _____
			# _____
			# _____
			# _____

Farmers must grow at least 33^{1/3}% (1/3) of the produce they sell.

Farm grows approximately _____ % of the produce it sells at the market or farmstand.

Do you grow in a greenhouse / high tunnel? Yes, please specify _____ No

Where do you get the remaining produce? _____
(Note: All produce must be grown in Alaska.)

(List all fruits/vegetables you plan to grow to sell.) _____

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